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ABSTRACT

The Hogg Foundation for Mental Health created the School of the Future (SoF) project to enable selected Texas schools to coordinate and implement school-based social and health services on their campuses and to demonstrate the effectiveness of this method of service delivery by evaluating the project to show the process used and the outcomes that resulted from these efforts. This booklet was developed to accompany another document, "Beyond the Classroom," which focuses exclusively on the qualitative, or process, evaluation of the SoF project. This booklet describes the decision-making processes involved and many of the lessons learned by project staff while evaluating the project. The first section, "The School of the Future Evaluation Process," is a rather detailed description of the SoF project and its evaluation strategies. The second section, "Challenges Encountered and Lessons Learned," describes the lessons learned from the SoF evaluation. Whenever possible an example has been included to give the lessons some context. This document does not contain any discussion of the results of the evaluations. It is intended to aid those who are developing school-based services projects who want guidance in developing a methodologically sound evaluation. Lessons learned stress the importance of defining and agreeing on evaluation goals, learning from unanticipated evaluation findings without diluting the evaluation by collecting information with no bearing on the program evaluation, and disseminating evaluation findings so that they can be used for program improvement. Four appendixes present the SoF concept paper and consent forms for parents, teachers, and students participating in the evaluation. (Contains 2 tables and 27 references.) (SLD)

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Challenges and Realities

Evaluating a School-Based Service Project

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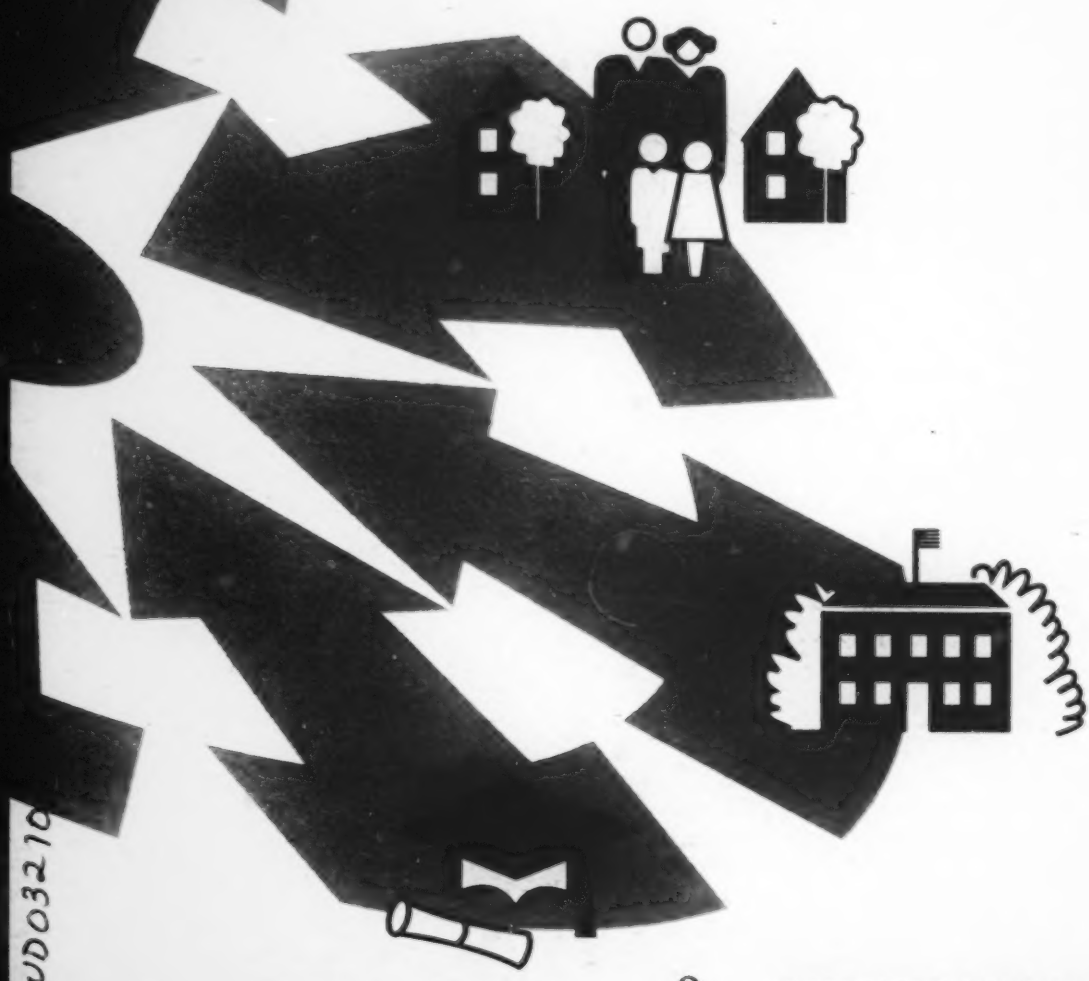

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Challenges and Realities

Evaluating a School-Based Service Project

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1997

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PREFACE

When the Hogg Foundation for Mental Health created the School of the Future (SoF) project, it had two major goals: (1) to enable selected Texas schools to coordinate and implement school-based social and health services on their campuses and (2) to demonstrate the effectiveness of this method of service delivery by evaluating the project to show both the process used and the outcomes that resulted from these efforts.

The project was funded by the Foundation for five years, 1990 to 1995. Based on the fact that it has been continued in the sixth and seventh years under other funding at each of the four sites—Austin, Dallas, Houston, and San Antonio—and that it has been incorporated into the school systems in two of these cities, it would appear that the SoF has been a remarkable success.

But too often, social service programs do not provide the documentation to substantiate the need for long-term continuation or replication. Aware of this, when the project began the Foundation provided an equal amount of funding for five years to conduct a two-fold evaluation: quantitative, to verify and confirm the impact of the project on the students, their families, and the schools; and qualitative, to show the process of project development.

Throughout the funding period, researchers used a combination of standardized instruments, surveys, and interviews to gather data on the schools, the students and their families, and the services provided. The results of the data collected from the administration of these instruments are not reported here. That information will be included in a book to be published in the near future.

This booklet was developed to accompany an earlier document, *Beyond the Classroom*, which focused exclusively on the qualitative, or process, evaluation of the SoF project. *Challenges and Realities*, however, describes the decision-making processes involved and many of the lessons learned by the

project staff while evaluating the project. If, by imparting what we have learned from our experiences, we can help others improve the lives of children and their families, we will consider our efforts worthwhile.

—Wayne H. Holtzman, Ph.D.
Hogg Foundation for Mental Health

INTRODUCTION

When the Commission on the Mental Health of Adolescents and Young Adults challenged the Hogg Foundation to fund a school-based services demonstration project, Foundation staff realized the importance of incorporating an evaluation component in the project. Thus, the decision was made to set aside an amount of money for the evaluation that was equal to the amount committed to the project itself. This was a relatively easy decision to make. The harder decision was coming up with an evaluation design appropriate for a multiyear, multisite demonstration project.

Basing health and social services in the schools was not a new concept in 1990, when the challenge was presented. Two school-based service projects in particular, the School Development Program and the School of the 21st Century, created by Drs. James Comer and Edward Zigler, respectively, had been implemented several years before the Foundation's initiative. Evaluations of school-based service projects, however, were few and far between. There were no evaluation models to look at or blueprints to follow. This was the environment in which we set out to develop an evaluation strategy for the School of the Future project.

Many key decisions regarding the evaluation were not made solely by staff at the Hogg Foundation. Included in the evaluation planning were faculty members from the University of Texas at Austin, the University of Texas Health Science Center at Houston, the University of Texas Health Science Center at San Antonio, and Southern Methodist University in Dallas. Also participating in planning and strategy meetings were representatives from the four school districts in which project demonstration sites were located and directors of several non-profit agencies. This enabled staff at the Foundation to get input from a variety of sources before making final decisions about the kinds of data to collect, analyze, and report.

The purpose of this document is not to report the results of the data collected and analyzed over the five years of the project. Instead, this booklet has been created to share the experiences of the evaluation of the School of the Future project — what went well and what went not-so-well; which decisions turned

out to be good and which decisions needed to be revised. Our hope is that by telling the story of our successes and our failures, those interested in evaluating similar kinds of projects will be able to make fewer mistakes. One of our goals is to help people so they do not have to reinvent the wheel when designing their own evaluations.

The first section of this booklet is a rather detailed description of the School of the Future project. We thought it important that the reader fully understand the project in order to comprehend the factors that went into our evaluation design. For this reason, this section discusses the purpose of the project, the sites involved, and how and what decisions were made regarding evaluation strategies.

The second section describes the lessons learned from the School of the Future evaluation. These lessons are highlighted in red and can be viewed as recommendations or suggestions to those designing their own evaluations. Whenever possible, an attempt has been made to include examples from the project to give the lessons some context.

Conspicuously absent from this document is any discussion on the results of the various surveys administered and data collected. As mentioned earlier, this omission is intentional. First, these results are already available in other SoF documents or will be presented in a book to be published in the near future. Second, the present document is designed for grant writers, service providers, and others who are already convinced of the importance and efficacy of school-based services but want guidance in developing a methodologically sound evaluation to include in their projects.

Our primary objective is to inform the reader on how and why various decisions were made regarding the measurement of various types of data. Another objective is to offer some assistance to those interested in developing their own evaluation designs. As the process of designing evaluations for school-based services continues to be documented and shared, future studies should benefit from the improved methodology used and, in turn, yield more effective and useful evaluations.

— Scott S. Keir, Ph.D.
— Susan Millea, Ph.D.
Hogg Foundation for Mental Health

PART I

THE SCHOOL OF THE FUTURE EVALUATION PROCESS

In December of 1987 in Austin, Texas, the first meeting was held of the Commission on the Mental Health of Adolescents and Young Adults, sponsored by the Hogg Foundation for Mental Health. The 18 commission members met quarterly for three years. They stated as their mission: 1) to study issues related to the mental health of adolescents and young adults and 2) to recommend action, in both the public and private sectors, to resolve these issues.

In 1990, in its final report, the commission recommended that:

> Independent school districts and local agencies and organizations that provide youth services should collaborate in the development and implementation of school-based and school-linked counseling and other mental and physical health services for students of every grade level and their families. (Commission on the Mental Health of Adolescents and Young Adults, 1990: p. 14)

The final recommendations of the commission were based on research by members and staff on school-based service projects that were underway in other parts of the country (Comer, 1980, 1988; Wang, 1990; Zigler, 1989). Of special interest were three projects that the study director for the commissions visited: two in New Haven, Connecticut, and one in Philadelphia, Pennsylvania. These projects had been in existence for several years and were already showing some promising results for participating children and their families. Directors of these programs — Dr. Edward Zigler (School of the 21st Century), Dr. James Comer (School Development Program), and Dr. Margaret Wang (Center for Education in the Inner Cities) — invited the study director to visit their projects and discuss issues with project staff that were related to the implementation of a similar initiative in Texas.

The report of the study director to the commission members, along with other research by the commission on school-based service delivery, resulted in the commission members recommending this type of project in their report. The commission concluded:

> Educators and service providers are recognizing the viability of addressing these interrelated problems in the context of a learning environ-

> ment. . . . School-based and school-linked health and mental health services are based on the premise that if young people won't come to the existing services, the services will come to them. Most adolescents attend school most of the time. There is greater likelihood that they will obtain the assistance they need . . . if they have easy access to services. These services can be effective in preventing problems as well as in intervening after a youngster is in trouble, and they can help troubled youth remain in school and improve their academic standing by helping them cope with their problems. (Commission on the Mental Health of Adolescents and Young Adults, 1990: p. 14)

The commission challenged the Hogg Foundation to develop several pilot projects in the state of Texas. Further, the commission believed it was important for these pilot projects to include a high-quality evaluation component. The final report stated:

> Evaluations of school-based service delivery efforts, based on sound data, are essential. They are also scarce. New efforts should be pilot-tested at designated sites, with outside evaluation incorporated into the program to determine the effectiveness of the process; the reaction of different populations involved including school personnel, service providers, and families and students themselves; and overall program success. Many innovative programs have been deemed successful by both administrators and clients, but without an evaluation the effectiveness of these efforts cannot be validated. (Commission on the Mental Health of Adolescents and Young Adults, 1990: p. 15)

The executive committee of the Hogg Foundation agreed with the Commission on the Mental Health of Adolescents and Young Adults on the importance of school-based service delivery and, believing this type of project to be a funding priority for the Foundation, accepted the challenge of the commission. The Foundation committed a total of one million dollars to developing demonstration programs in four Texas cities—Austin, Dallas, Houston, and San Antonio—and called the project "The School of the Future."[1] Each demonstration site received its initial grant of $50,000 per year for five years in the fall of 1990. The Foundation set aside an equal amount to provide each site with technical assistance and evaluation support (Holtzman, 1992).

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[1]The project was originally called the "School of Tomorrow" but had to be renamed when it was discovered that this name was already being used and copyrighted by a private computer training school in the Dallas-Fort Worth area. In order to avoid any legal problems, the Foundation changed the name to the "School of the Future" project.

DEVELOPING THE PROJECT

The Demonstration Sites

In order to increase the likelihood of success at the sites participating in the project, each of the school superintendents in the four cities was asked to help the Foundation identify school sites that might be interested in developing a school-based service project. The Hogg Foundation (HF) asked each superintendent to suggest a middle school and one or two "feeder" elementary schools so representatives from the Foundation could meet with the principals, teachers, and parents from those campuses.

The Foundation hosted luncheon meetings with school and parent representatives in each city. At each of the meetings, a vision of the project was presented through a concept paper developed by HF staff. School representatives were then asked if they would be interested in being involved in such a project if HF were to fund it for a five-year period. Only one of the principals of the ten schools approached declined to participate.[2]

All four of the sites selected were located in disadvantaged communities with limited resources. There were, however, some differences across the sites. Following are brief descriptions that offer snapshots of the sites selected as the project officially began in the fall of 1990.[3] (See Tables 1 and 2 for a demographic breakdown of elementary and middle school students at each SoF site.)

Austin. The Austin school site was located in the far southeast part of the city in an area known as Dove Springs, a neighborhood that was created in the 1970s and had a high population turnover. Because of the newness of the development and the high percentage of rental units, few community services had been established.

The two schools participating in the project, Méndez Middle School and Widen Elementary School, are located on opposite sides of the area's main street and were both built around 1987. The enrollment at Méndez was 1,144 students in 1990; Widen's, 972.

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[2]The principal of another elementary school which also fed into the participating middle school was approached and informed about the SoF project. When she was invited to participate, she accepted the invitation.

[3]The student enrollment and other data reported here represent figures from the beginning of the project (1990-91 school year). These figures have changed over the five-year period of the project, but not dramatically.

While school authorities indicated that gangs were not any more prevalent at Méndez Middle School than at other schools in the district, it was common for parents to relocate elsewhere to avoid sending their children to Méndez. The schools were ethnically diverse, with about half of the students Hispanic (primarily Mexican-origin), one-quarter African-American, and one-quarter Anglo (non-Hispanic white). Over half of the students were from low-income families, as determined by participation in the reduced/free lunch program in the school.

Dallas. McMillan and Patton Elementary Schools and the Head Start program are located in Nolan Estes Plaza, a multipurpose facility owned by the Dallas Independent School District (DISD) that is located in the Oak Cliff area south of the Trinity River and downtown Dallas. The Plaza was a shopping center until the early 1980s, when it was converted into a school facility and DISD administrative offices. Also serving this site was Boude Storey Middle School, a large facility that was built in 1932 as the first junior high school in Dallas.

Approximately three-quarters of the students served by the schools in the Dallas demonstration site in 1990 were African-American, and an equal percentage of children received reduced/free lunches. However, there was some range of income levels in the community. Enrollment at McMillan Elementary School, which serves prekindergarten through third grade, was 324. Most of these students move on to Patton Elementary, which had an enrollment of 207 fourth through sixth graders, and then to Boude Storey Middle School, with an enrollment of 897 pupils in grades seven and eight.

Low-income families in the neighborhood faced a number of difficulties, among them unemployment, substance abuse, inadequate child care resources, deficient medical care, lack of access to recreation, and teen pregnancy. Not only were there very few local services to combat these problems, but also many families lacked the resources necessary to seek help. Families tended to be distrustful of outsiders, in part because of unkept promises in the past by social service agencies. Parents were minimally involved in the schools.[4]

Houston. Three schools in an area called "the Heights" formed the nucleus of Houston's School of the Future. The Heights lies northwest of downtown

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[4]The Dallas SoF site declined participation in the quantitative evaluation because school district representatives believed administration of the survey instruments selected would negatively impact parental support of the project. As a result, this site is not included in the discussion regarding quantitative data.

along both sides of Interstate Highway 10. The neighborhood was, and has remained, predominantly Hispanic and very poor. The demonstration site included Hogg Middle, Brock Elementary, and Memorial Elementary Schools.

There were 1,065 students at Hogg Middle School, 89 percent of whom were Hispanic. Over three-quarters of the children qualified for the federal reduced/free lunch program and more than 30 percent came from single-parent homes. Half the children were overage for their grade. A survey conducted at the beginning of the project indicated that 80 percent of the children had one or more family members using drugs.

Hogg Middle School was already the site of a highly successful dropout prevention program and was receptive to other outside efforts to help children. The dropout program served students classified as "at risk," a category which included 70 percent of the school's children. In addition to counseling, the dropout prevention effort included drug abuse treatment and prevention services.

Memorial Elementary was built in 1926 and had a population of 419 students.[5] Some 93 percent were Hispanic, and over 90 percent participated in the reduced/free lunch program. Brock Elementary, built in 1966 on land donated by a successful African-American businessman from the Heights, enrolled just 307 students, of whom 30 percent were African-American and 99 percent were in the federal reduced/free lunch program. Both schools feed into Hogg Middle School.

San Antonio. The neighborhood of the San Antonio demonstration schools was almost entirely Hispanic and faced numerous obstacles to mental health and stability. Physical boundaries isolated the neighborhood from the rest of the city. Throughout the years of the project, few industries or substantial employment opportunities existed in the area. Almost all of the school children lived in poverty; crime, family disorganization, and substance abuse were common, malnutrition and maltreatment persistent, and local service agencies overloaded with problems to remedy.

The J.T. Brackenridge Elementary School had no viable PTA or corporate sponsors, and the school district was financially strained. As a result, school personnel were frequently as involved in helping children and families solve social problems as in educating them.

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[5]Renovations completed in 1992 brought another 100 children to Memorial.

Located in the San Antonio Independent School District (SAISD), the state's fourth-largest school district, J.T. Brackenridge Elementary School is a relatively modern facility serving 832 students in 1990, preschool through grade five. It is located in the middle of the Alazán-Apache Courts housing project, which was dedicated by Eleanor Roosevelt in 1939 and is one of the oldest housing projects in the country. J.T. Brackenridge was, and continues to be, almost completely Hispanic and very poor.[6]

The Alazán-Apache Courts housed over 1,000 families and 4,300 residents in 1990. More than half of the families with children were one-parent families. Families in the Courts, which represented 18.6 percent of the total public-housing population in San Antonio and 15 percent of the children living in the public-housing units, had an average income of just under $5,000.

Also serving this area was Tafolla Middle School, another large, modern facility. With an enrollment of 961 students in grades 6 through 8, Tafolla offered both mainstream educational courses and a magnet language arts/accelerated studies program. Almost all of J.T. Brackenridge graduates attended Tafolla, though a relatively small number were enrolled in the accelerated language-arts program. Tafolla also was 90 percent Hispanic, with almost 84 percent of the students participating in the reduced/free lunch program.

The Project Concept

The concept paper which was distributed to the sites by the Hogg Foundation was a skeleton of what the school-based service project should look like after a few years into the grant period. (See Appendix A for concept paper distributed to site representatives.) The representatives at the demonstration sites selected for these HF grants were asked to tailor this concept to their respective sites, based on the needs and available resources in their schools and communities.

Basically, the concept was to provide an integrated array of both treatment and preventive services, using the neighborhood schools as the locus for their delivery. Key aspects of the project included the following:

- ***Integration of multiple services***. Few social problems exist in isolation. Children suffering from child abuse are more likely to experience other forms of domestic violence in their homes, family involvement in sub-

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[6]Another school located in the Alazán-Apache Courts area, De Zavala Elementary, was added as a pilot site a year after the project began in San Antonio. Like J.T. Brackenridge Elementary, this school was almost totally Hispanic and very poor.

stance abuse, inadequate parental discipline and supervision, and so forth. Single-service approaches must refer clients to other agencies, usually at other locations, when problems turn out to be multifaceted. A coordinated approach, which includes referral and follow-up, is more likely to succeed when integrated, multiple services are offered at a single site.

- ***The school***. Using the school as the locus of services offers many advantages. These include:
  Facilities. School space is underutilized. In the early morning, late afternoon, evening, and on the weekend, a school's physical plant could be available for meetings, presentations, treatment, and other types of services.
  Identification and outreach. In the school, children are observed each day, and their appearance and behavior often provide indications of problems at home. For the same reason, the follow-up of children after service delivery is much easier in the school environment.
  Image. Schools generally have a good image in their neighborhood, and families trust school personnel. Frequently, parents and children turn to the school principal, counselors, and teachers for advice about medical, psychological, marital, financial, and other "non-educational" problems.
  Location. For low-income families, transportation is frequently a major difficulty in accessing programs designed to help them. For families without a car, travel to a centrally located agency may be costly and time consuming. Neighborhood schools, however, are frequently within walking distance of the home.

- ***Prevention***. An advantage of working with children is the potential for problem prevention. Among programs that focus on prevention are WHO, offered by the Mental Health Association to prevent child abuse, and Project DARE, offered by the local police to prevent drug abuse. Both programs are delivered through the schools because of the efficiency with which children can be reached. The School of the Future concept incorporated both preventive and treatment services.

Proposals and Goals

After each site agreed on which schools would participate in the project, representatives from the sites were asked to read the document explaining the project's concept. The Foundation then asked site representatives to submit proposals for funding. Two of the sites had school personnel with considerable experience writing grant proposals; two sites were not able to find such experienced staff. The Foundation was proactive in the proposal development phase, providing technical assistance in this area ranging from brainstorming with site representatives about project goals to helping site representatives develop and write the proposal.

Foundation staff provided this assistance for two important reasons: 1) to become more knowledgeable about how the site planned to use the grant money (goals, objectives, budgets) and 2) to ensure that each site submitted a proposal. There was some concern that one or two of the sites might not find school staff with the time and expertise to develop a proposal. Since all four sites had already been approved informally by the district administrators, principals, and the Foundation, everything possible was done to make sure this opportunity was not missed. The final hurdle was to obtain formal approval for the grant from each site's district school board. This was accomplished fairly easily and quickly after the grant proposals approved by HF were reviewed by the board members.

Since the creation of an evaluation plan for the project was based on what the sites intended to accomplish over a five-year period, the objectives and goals developed in the proposals were of great importance to the evaluation team (Culler and Keir, 1992). Some general goals for the project were laid out in the concept paper shared with the sites, but each site was responsible for developing its own set of specific goals for the project. This flexibility, enabling each site to define its vision of the School of the Future, was one of the features of the project that made it appealing to school administrators. On the other hand, as will be explained later, it also made it much more difficult to develop a standardized across-site data collection plan. Following is a summary of each site's project goals as stated in the grant proposals received by the Hogg Foundation in the spring of 1990.

Austin

- Stabilize the community's population.
- Define the community better.
- Provide more efficient and effective delivery of needed services to families in the community.
- Improve the functioning and performance of the students.

Dallas

- Provide a concentration of district services at a cluster of schools serving students and their families from kindergarten through eighth grade.
- Establish problem-solving teams to address school and community problems and the problems of individual students and their families.
- Work with families in crisis to reduce stresses that inhibit their ability to support their children's success in school.
- Develop services designed to teach parenting skills.
- Develop a cluster of community services and resources tailored to the needs of neighborhood families and coordinate and make them accessible

through the schools.

- Evaluate the impact of the program through attendance and achievement gains in students as well as by measures of improved motivation, self-esteem, behavior, increased parental involvement in school activities, and improved availability and utilization of community services.

Houston

- Improve the social and academic performance of the students by involving their parents and the community in their education.
- Identify and build upon the strengths of children, families, schools, and the community.
- Offer enrichment programs that promote self-esteem and positive human development.
- Coordinate services for children and their families in their own neighborhoods.
- Prevent or treat a variety of problems such as substance abuse, child abuse, school dropout, teen pregnancy, and suicide among high-risk youth.

San Antonio

- Establish a school climate that is conducive to education and personal enhancement.
- Bring support services to the school campus that are needed to improve student learning and mental health.
- Develop a cooperative working relationship among different community agencies and persons who can provide supportive services to the school.
- Obtain the types of support services needed on a voluntary basis whenever possible.
- Develop financial resources to enhance learning and to improve the well-being of children and families.

DESIGNING THE EVALUATION

The Strategy

School-based or school-linked service projects tend to be complex, making it difficult to evaluate their effectiveness. Kehrer (1993) states, "The greatest range of options and the greatest potential for spending on evaluation, and hence the most difficult decisions about how to evaluate, arise with grants for direct services to people and grants for educational or training programs" (p. 27). The School of the Future project, with its multiple sites and site-specific program development, was no exception. There were very few evaluation models to follow. Several documents highlight this dilemma. The final report

of the Commission on the Mental Health of Adolescents and Young Adults stated that "evaluations of school-based service delivery efforts, based on sound data, are essential, (but) they are also scarce" (p. 15). Gomby and Larsen (1992) write that the evaluation of school-based services is "both lively and less than fully explored" (p. 68). Therefore, the Foundation thought it was important to organize a committee of evaluation advisors who would meet regularly to discuss issues and offer advice on methods for handling many of the difficult evaluation questions.

This group of advisors, called the Evaluation Review Committee, was comprised of four faculty members from The University of Texas at Austin (Departments of Psychology, Educational Psychology, and Social Work); three experts in evaluation (one for each site outside Austin); two representatives from the Texas Education Agency; and all of the program officers from the Hogg Foundation.

Evaluation and research activities for all four sites were coordinated by a full-time director of evaluation at the Foundation. In addition, each site was assigned a half-time research associate working at the Foundation to help with data collection and analysis under the director's supervision. The evaluation director worked closely with these research associates, the Evaluation Review Committee, and key personnel at the four sites to design the evaluation and oversee its successful implementation.

The Goals

The overarching goal of the School of the Future project was to enrich and enhance the lives of children and their families in their communities. Student education, physical health, and mental health were all expected to experience positive changes, over time, as a result of the project. To accomplish this, the project also emphasized the development of a long-term collaboration between local human service agencies, public school systems, and communities of teachers and parents. Some of the objectives associated with this goal were given a higher priority than others. The following are a few of the many areas in which the demonstration sites and the Hogg Foundation anticipated seeing an impact over the five-year period of the project.

For the students:

- Academic performance: improve attendance, reduce number of dropouts, improve school achievement.
- Physical and mental health of students and families: increase immunizations, reduce substance use and abuse, lower teen-pregnancy rates,

reduce physical abuse, reduce emotional/sexual abuse, improve self-motivation, improve self-esteem, lower stress levels, reduce discipline referrals, decrease gang activity.

For the families:

- Involvement between family members and their children: increase number of parenting education classes, increase number of consumer and life skills classes.
- Involvement of parents with the schools: increase participation in PTA and partnership councils, increase participation in school-sponsored classes and activities such as adult living skills and English language skills.

For the schools:

- Number of available and affordable neighborhood services: assess current level of available services and resources, assess immediate needs of community, increase number of affordable services offered, increase interagency coordination and the development of new funding sources, maximize use of volunteer organizations.
- Supportive school environment for students, teachers, parents, administrators, and community partners: decrease teacher attrition rate, improve teacher attitudes, improve students' perceptions of school, improve parents' perception of children's schools.

For the communities:

- Image of the school in the community: create a positive perception of the project, improve the perception of the school and the teachers, improve the perception of the neighborhood.
- Student, parent, and teacher participation in the community: increase the use of services by community residents.
- Integration of school and community activities: increase interaction and integration of community and school activities.

Quantitative Measures

During a visit to school-based service projects in New Haven, Connecticut, and Philadelphia, Pennsylvania, the SoF evaluation director learned several important lessons regarding the collection of evaluation data. First, data collection should emphasize the demonstration of what is and what is not effective about the project. Second, this information must be shared with school staff on a regular basis to assist in their planning. Third, the school staff should not be overburdened during the data collection process. That is, staff should not be taken away from their responsibilities to the school. This infor-

mation was considered carefully before making decisions about which instruments were to be used and how data were to be collected at the sites.

Decisions still needed to be made regarding the survey instruments to be used in the collection of quantitative data in each of the SoF sites. Members of the Evaluation Review Committee met several times with SoF evaluation staff and spent many hours reviewing various instruments and sharing their experiences with surveys designed for collecting data from children.

The staff listed several potential mental health instruments and considered the efficacy of using these instruments. A summary of the strengths and weaknesses of each instrument was shared with the committee (Witt, et al, 1990). Based on the results of this systematic review, the committee determined that Achenbach's Youth Self-Report and Teacher Report Form were the best instruments of those investigated for the target population, primarily because they would enable the project to capture mental and physical health information on students through the perspectives of both the children and their teachers. Included with the self-report version of the survey were instruments exploring student self-esteem and student perceptions of the school climate.

Teacher Report Form and Youth Self-Report Assessments. The Achenbach Teacher Report Form (TRF) is one of a series of three instruments developed to assess psychopathology in children. It was designed to be completed by the child's teacher and contains 112 problem items, each of which the teacher rates as "very true," "sometimes true," or "never true" of the child's behavior as observed over the previous six months.[7]

As standardized by Achenbach, there are eight first-order (narrow band) subscales derived from these problem items: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. In addition, there are two second-order (broad band) subscales: Internalizing (Withdrawn, Somatic Complaints, and Anxious/Depressed combined) and Externalizing (Delinquent Behavior and Aggressive Behavior combined). A Total Problems scale also can be calculated which is the sum of all of the problem items in the survey.

The TRF was developed on a nationally representative sample of children, and research by Achenbach and others has demonstrated evidence supporting

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[7]The Achenbach instrument also contains several "competence items" which were not collected for this project.

the reliability and validity of the instrument (Achenbach, 1991a). It was designed to be used along with two companion instruments: the Youth Self-Report (YSR), which is completed by children from ages 11 to 18, and the Child Behavior Checklist (CBCL) which is completed by the parents of those children. The CBCL was not used in this study.

The YSR is almost identical to the TRF, differing only in that it asks the child, rather than the teacher, to respond to the survey. Like the TRF, the YSR contains 112 problem items which children rate using "very true," "sometimes true," or "never true" of thoughts, feelings, or behaviors they have experienced in the past six months.[8]

Subscales derived from the items with the YSR are identical to the TRF subscales except for a Self-Destructive/Identity Problem subscale developed exclusively for boys. The two second-order subscales labeled Internalizing and Externalizing are scored identical to those in the TRF; the Total Problems scale is obtained by adding all of the problem items as in the TRF. The YSR instrument was developed on a nationally representative sample of children and, like the TRF, research using the YSR has demonstrated evidence supporting the reliability and validity of the instrument (Achenbach, 1991b).

Self-Esteem. The self-esteem measure used in the first year of the survey was Harter's Perceived Self-Competence Scale (Harter, 1982; 1985). Since the results of the initial analyses on this scale showed very low levels of reliability when testing the middle school students in all of the sites, the Evaluation Review Committee suggested that a different measure of self-esteem be substituted for the Harter. Rosenberg's Self-Esteem Survey was recommended and incorporated into the self-report administrations from the second year on with students in grades six through eight. Rosenberg's Self-Esteem Survey offers statements asking students to respond with a four-point scale that ranges from "strongly agree" to "strongly disagree." The survey contains ten items and takes fewer than five minutes for students to complete (Rosenberg, 1965). Tests of reliability using the Rosenberg Self-Esteem Survey resulted in significantly higher scores than did the Harter, thereby convincing evaluators that they should continue using this survey.

School Climate. The National Education Longitudinal Study (School Life section) was used as a measure of students' perceptions of school climate.

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[8]As was the case with the TRF surveys, the "competence items" were not collected in the YSR survey administrations.

Students in grades six through eight were asked to respond to 13 statements concerning how they feel about their school, their teachers, and their classmates, using a four-point scale ranging from "strongly agree" to "strongly disagree." The survey takes fewer than five minutes to complete and has been used extensively with students as part of a larger survey of school issues (National Center for Education Statistics, 1988).

Ethnic Identity. A measure of ethnic identity also was incorporated into the self-report version of the survey. Of the 20 items used by Phinney (1992) to develop three ethnic-identity subscales in her research (affirmation and belonging, ethnic identity achievement, and ethnic behaviors), 6 of these items were included in the SoF survey packets. Two additional questions exploring this issue, but not related to Phinney's scale, asked students about their use of the Spanish language at home with their parents and at school with their friends.

Survey Concerns. The Evaluation Review Committee voiced several concerns about the survey instruments considered by the project and asked the SoF staff to respond to them. After investigating the issues raised by the committee, the SoF staff met again with the committee to explain the practical and theoretical reasons for selecting the Achenbach YSR and TRF assessment tools. These reasons included the following:

- Both the YSR and the TRF have established statistical norms that enabled the project to compare data collected from the SoF sample of children to a national sample of children.
- The information collected by the TRF is nearly identical in content to the information collected by the YSR. Over time, this allows for a comparison of psychological profiles of students by teachers as well as profiles by students themselves.
- The TRF allows for the collection of behavioral information on children who are too young to complete the YSR survey, enabling the project to develop syndrome scales similar to the YSR at lower age levels.
- Both the YSR and the TRF have been tested rigorously on children of diverse backgrounds and culture, including children from countries outside the United States. Cross-cultural research using other instruments was not available.
- The YSR was short enough to be administered in the time frame allotted by the schools. One class period, or approximately 50 to 60 minutes, was all the evaluation staff could expect to use of the students' time each school year.

Methodology

Target Population. Teachers of grades one through five were asked to rate all children in their current classes for whom parental consent was obtained. At the principals' request, kindergarten classes were included in some of the sites. The TRF was conducted at the Austin, Houston, and San Antonio SoF schools (experimental) and demographically-matched schools (comparison) in each of the sites. One comparison school was selected for each SoF school participating in the quantitative evaluation.[9] This quasi-experimental research design was used so evaluation staff could compare outcomes for students in schools receiving services to a similar group of students not receiving those services.

All children in grades six through eight who had obtained parental consent were eligible to participate in the self-report study, whether or not they were receiving any services offered through the school. After some attrition due to the lack of parental consent or student absence due to illness, an average of over 80 percent of the students in these schools were assessed every survey period. While Hispanic youth prevailed as the dominant ethnic group in both the teacher report and self-report surveys, especially in San Antonio, there were somewhat larger proportions of African-American and Anglo youth in the Austin middle and elementary schools.

Data Collection. One middle school and one or two of its "feeder" elementary schools, all serving families in the same neighborhood, participated in the project at each SoF demonstration site. The TRF and YSR were administered annually over a three-year and four-year period, respectively, in the three sites participating in the quantitative evaluation — Austin, Houston, and San Antonio.

The TRF surveys were completed by teachers at each of the three sites in March through May of 1992 through 1994. This gave the teachers a full six months to get to know their classes before completing TRF assessments on their students. The youth self-report, self-esteem, and school climate surveys were administered in the fall of each school year at the middle schools in the participating sites.

Consent Procedures. Consent procedures for obtaining permission to collect ratings varied by site and school, based on the concerns of the superintendents

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[9]After the third year the decision was made to discontinue data collection at the comparison schools due to concerns regarding the cooperation of staff in these schools, the efficiency of using financial and human resources in this way, and the quality and utility of these data. As a result, data from the comparison schools are not included.

and principals. In some schools active consent was used. Active consent required that the child's parent read, sign, and return the consent form before the child could become eligible to participate in the survey. Passive consent required only that the form be sent home, either with the student or by mail. If the parent did not want the child to participate in the survey, the parent had to sign and return the form with the "No" category checked. If the form was not returned, it was understood as tacit consent for the child to participate. This procedure was spelled out clearly on the consent form, and forms were written in easy-to-read language in both English and Spanish. (See Appendix B for an example of the active and passive parental consent forms.)

For each site, stamped, self-addressed envelopes containing completed forms were returned to the Hogg Foundation. Students were provided with incentives for returning these forms promptly. Names, student IDs, and consent status were entered into a computer database which was updated frequently.

For the self-report surveys, middle school students with parental approval for inclusion in this survey were also asked for their permission to participate at the time of survey administration. (See Appendix C for a sample of the child assent form used in the self-report surveys.) For the teacher report surveys, teachers interested in assessing elementary school students who had an affirmative consent form on file were also asked to complete consent forms. (See Appendix D for a sample of the teacher consent form used in the teacher report surveys.) Teachers were paid for each child on whom they completed a TRF.[10]

San Antonio chose to use the active consent procedure. Representatives at the site believed that many parents in the community probably would not return the consent forms if they were mailed or sent home with students. Since this would lead to a severe reduction in the number of students eligible to participate in the survey, paid workers and volunteers made home visits in the first year to collect signatures from parents in the community. The consent form authorized the evaluation staff to collect data for all children with signed forms over the entire five-year period of the project. Although this method was far more costly and time-consuming than passive consent or active consent by mail, it enabled the project in San Antonio to collect data on many more students than would have been possible otherwise and also pro-

[10]Teachers were paid $100 per classroom the first year, but when teachers discovered that some were assessing 25 children while others were assessing 10 children for the same amount of money, a more equitable method was implemented the next year—$5 for every completed survey.

vided an opportunity to inform individual parents about the SoF project and the services available.

In Austin, active consent was used in the comparison school, but passive consent was chosen for the experimental schools. Forms were mailed to parents using a mailing list compiled by the school district. In Houston, passive consent was used in all the schools except for special education classrooms in the comparison site, where active consent was required.[11]

Incentives for Participation. Teachers and schools were provided with financial incentives for participating in the collection of data. Incentives were considered important because teachers and school staff, already extremely busy, had to find extra time to complete these assessments and were reluctant to devote even one period of instructional time each year for participation in the self-report surveys. For the YSR, every participating classroom was awarded $25 to use in any way the teacher deemed appropriate. The payment to teachers and the financial contribution given to the classrooms resulted in a high rate of participation for students and teachers in these sites.

Incentives also were used to facilitate the consent process. It was difficult to get students to return signed consent forms, regardless of whether the parent responded "Yes" or "No." To remedy this, students were offered a reward for returning consent forms within a given period of time, whatever the parent's response. The particular incentive to be used was discussed with the principal and teachers and in all cases candy, as opposed to pencils or school supplies, was the item of choice. Evaluators and school staff agreed that these incentives resulted in a greater return rate than would have resulted without them.

Qualitative Measures

While it was determined that outcomes for children and families were important areas to monitor at regular intervals, a process evaluation of the project also was an integral part of the research design. Keeping track of the project's development, the various responsibilities and activities of the project coordinator, and participating families was considered important because this information could validate the project's effectiveness to potential funders. It could also prove helpful to other school districts interested in developing school-based service projects.

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[11]Since resources were not available for home visits in Houston, few parents returned the forms in the special education classrooms, resulting in special education students being dropped from the comparison school sample.

For the qualitative evaluation, SoF staff and the Evaluation Review Committee developed two interview strategies. One was to be conducted twice with key representatives at the sites, once near the beginning and again near the end of the project. The other was a one-time interview to be conducted with a sample of families at the sites in the project's final year.

Key Informant Survey. The Key Informant Survey (KIS) focused on: a) project strengths, weaknesses, and barriers, b) perceptions of the effectiveness of the project coordinator and the project overall, and c) opportunities for institutionalization of the project. Interviews were conducted with key individuals in each site early in 1991 and again, when possible, near the end of the demonstration period. Also interviewed in year five were other key persons who became familiar with the project after the first year.

Research associates from the Hogg Foundation were trained in interviewing techniques to conduct the KIS. An average of 15 individuals was interviewed at each site, including all project coordinators and school principals and a sample of counselors, teachers, district administrators, service providers, and parents. Those interviewed represented a cross-section of participants at each of the demonstration schools and their communities. Each interview took from 60 to 90 minutes.

Project Coordinator Interview. At the beginning of the project, the evaluation staff asked the coordinators to keep a log or journal of their daily routine including tasks occupying most of their day, time spent on administrative and service responsibilities, job skills used most often, and skills considered most important to the successful completion of their job. However, because of the coordinators' busy schedules, keeping a journal was simply not possible. Therefore, the evaluation team decided to initiate regular interviews with the coordinators to collect this information.

A senior research associate from the evaluation staff interviewed the project coordinator—sometimes in person, other times by phone—at all four of the demonstration sites every three or four months. Although project coordinators were the targeted respondents for these interviews, others at the sites who were interviewed periodically included principals, teachers, parents, district administrators, and key public and private partners associated with the project. The information collected from these interviews was used to develop a more detailed picture of the project coordinator position, which was considered the unique aspect of the project. Information from these interviews was incorporated in a booklet that uses case examples to describe the coordinator position and demonstrate its importance in the SoF project (Iscoe, 1995).

Family Interview. An in-depth family interview was developed to capture a variety of information from the parents of students participating in the School of the Future project. The interviewers, all of whom were members of their respective site communities and were trained in interview techniques by SoF evaluation staff, asked questions regarding assistance received from the school and other service agencies, parent involvement in the school and their children's education, and behavior of their children at school and home. They collected information on the parents' familiarity with the SoF project at their children's schools as well as basic demographic information. Interviewers also administered a "life events" checklist on extreme events or crises that had occurred within the six months prior to the interview. Finally, they were asked to observe and keep notes on general conditions in the homes and any interaction they may have witnessed between parents and children.

Each interviewer was given a list of phone numbers and addresses for parents of students for whom two or three years of mental health information had already been collected via the Achenbach YSR and/or TRF. This list included names of students attending the SoF schools who had received services from the project as well as those who had never received services from the project. Since multiple-year surveys were available for over half of the students surveyed, a fairly large sample of families existed from which to select.

Interviewers contacted the parents of the students listed by telephone and scheduled appointments to meet in their homes. Each family participating in the survey received a $15 gift certificate from a local grocery store, while interviewers were paid $30 for each interview conducted. The survey lasted between one-and-a-half to two hours.

PART II

CHALLENGES ENCOUNTERED AND LESSONS LEARNED

In *Full Service Schools*, Dryfoos (1994) states that "we must start off with a strong caveat: The state of the art of program evaluation leaves much to be desired" with regard to multisite projects such as comprehensive school-based programs (p. 123). Dryfoos could identify only three such programs that generated outcome-based evaluation findings. Her concern was reinforced by the evaluation staff of the School of the Future (SoF) project (Millea, 1996).

One unique aspect of the SoF project was the Foundation's commitment to a longitudinal evaluation. This section focuses on the lessons learned from the evaluation. It is not an attempt to define an "appropriate" research design. Rather, it describes our experiences and what we learned from these experiences.

FACING DIFFICULTIES

Project Expectations

Professionals who have worked in the field of human services research are well aware of the difficulties of evaluating complex social programs (Kehrer, 1993). Since the School of the Future project was initiated in the summer of 1990, more literature on the evaluation of comprehensive service programs has emerged, including the effects of such programs on the processes of evaluation (Brown, 1995). But there are other difficulties. As Dryfoos (1994) indicates, school-based health and social service programs seem to have been held to a more rigorous standard of success than other social programs, with expectations that they can rapidly alter student performance and behavior as well as provide other benefits. Perhaps these expectations exist because achievement data (e.g., grades and standardized test scores) are readily available from school districts and often used in policy-making.

Partners and Priorities

Complex, collaborative, community projects are likely to have multiple goals. These may vary over time and may even be conflicting. Examples of such goals encountered by the SoF project included documenting needs, influenc-

ing policy makers, improving student academic achievement, stabilizing families, reducing attrition, increasing community activism, improving the health of children, and testing the effectiveness of a particular intervention strategy.

Having multiple goals means that there will be several research questions about which information must be collected. Because many programs may require collaboration, some goals and research questions may be of greater importance than others to some partners, creating different expectations. This difference can lead to conflict among partners. An example encountered by the SoF project was the funding of a school-based health center by one site. When the evaluation of this service was being developed, two research questions were considered. Should the team look at: 1) improvements in student health as measured by reduced absenteeism or 2) reductions in the use of emergency room care for illnesses by the students' families at the city-owned public hospital?

From a fiscal standpoint, and since the city was a key partner, it made sense to evaluate the second question. But in this case the first question was of greater importance to the school district. Resources were unavailable to address both questions. The research issue was resolved pragmatically in this case. Primary care services were not available through the school health center. The school board had restricted care at the school-based health center to preventive services, thus limiting impact on emergency use. Therefore, evaluation focused on the first question, which was revised to follow the impact of services on those children identified as "chronically absent" rather than all students in the school. This change helped reduce the possibility that a severe outbreak of an illness would negatively impact the results. These were more difficult data to obtain, but when these data were analyzed, the results of the analyses were a better fit for the question asked.

Partnerships for Evaluation

Defining and achieving agreement on the goals and research questions through collaboration is essential to developing a good evaluation plan. Failure to do so results in wasting valuable resources and an inability to capture the relevant information.

One way to deal with potential conflicts over the focus of evaluation is to have partners independently fund some aspects of the evaluation pertinent to their own missions and goals, while collaborating in other areas. This further extends resources for the partnership. A willingness to share data among partners, and the ability to share data files while respecting the need for client

confidentiality, are other important considerations for developing an effective and efficient evaluation. Those interested in designing an evaluation plan might seek references on the processes of collaboration or recruit a knowledgeable group facilitator to guide the group through this process.

> ***Lesson Learned . . . In complex collaborative projects it is crucial to reach some early agreement among partners regarding the specific goals and research questions for evaluation. Failure to do this can result in a conclusion that the project has accomplished little.***

Student Variables

Improvement in student attendance, grades, and standardized test scores and decreases in student disciplinary incidents are very often desired outcomes of school-based social service interventions, but their use as the sole outcome measures of a project can make a successful intervention program appear unsuccessful. For example, comprehensive school-based programs that make progress in preventing school dropout will often increase the attendance rate for at-risk students who were likely to have dropped out of school without intervention. This success, in turn, can result in an increase in student disciplinary problems and a decrease in student achievement when measured at the school level, at least in the short term. The reason for this is that at-risk students who formerly dropped out of school now are in attendance, and therefore they are included in measures of student performance. Thus, it is often the case that performance in school-wide academics declines before it improves.

The current wave of research on school-based programs indicates that children whose families receive extensive comprehensive services will most likely be the ones to show the most changes early on, largely because their needs are more extreme (Golan & Wagner, 1996). However, because most families targeted for a community do not experience such extreme need, the impact of an intervention is likely to be less evident and take longer to show significant positive change.

> ***Lesson Learned . . . An evaluation designed around collecting data merely because certain information is available can result in misleading conclusions regarding the long-term effectiveness of a service or project.***

Population Mobility

Another difficulty with conducting research which focuses on disadvantaged families is the mobility of the population. In a setting where as much as half of a school's enrollment may change during the course of the school year, tracking students over time can be complex and expensive. Even if students can be tracked, there is a good chance that they will not remain in the school

long enough to benefit significantly from the services offered. In one SoF site, although the yearly survey of middle school students was completed by about 90 percent of the students in the school, only 15 percent of those students could be tracked over all three middle school years. This type of attrition can negatively impact the research due to the reduction in sample size and resulting loss of statistical power.

> ***Lesson Learned . . . It is important to factor demographic changes over time into the sampling methods. Substantial changes in mobility and migration can seriously affect a target sample and severely limit the generalizability of the results of the study to a larger population.***

Selection of Measurements

It is extremely important to match measurements to outcome goals. In the SoF project the main intervention was systemic—the position of project coordinator was introduced to secure and coordinate services that would use the school as the locus for service delivery. The SoF evaluation collected information on the impact of the project process as well as data on the outcomes for students over time.

In one SoF site, for example, student mobility was approximately 50 percent. There, improving community stabilization was perceived as a precursor goal for improving student achievement because families needed to remain in the community long enough to receive the interventions offered if an impact on student performance were to be achieved. Student mobility, therefore, was a primary goal at this site and an important measure to consider when exploring the project's impact on school performance.

> ***Lesson Learned . . . Clearly identify the goals of the intervention and develop variables to measure those goals and objectives accordingly. The evaluation design must relate closely to the kinds of the interventions developed as well as the accompanying theory of the design.***

Targeting individuals who receive the available services is another important consideration in the evaluation design. SRI International's statewide evaluation of a school-linked services initiative in California found that even when services were effectively delivered, these services were not usually related to school-wide improvement. The authors of this report state that "a balanced continuum of services that ranged from prevention-oriented services to more intensive services was associated with improvement in student behavior and performance" (Golan and Wagner, 1996, p. 5-1).

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Since only a small proportion of students involved in school-based programs is likely to receive intensive services, the use of school-level data solely to evaluate program effectiveness most likely will not be helpful in identifying whether a program is having a positive impact on students. Students receiving services must be identified and the frequency with which they receive these services indicated over the course of the project. This population is the appropriate focus of analysis for determining the impact of services on individual student performance.[12]

> ***Lesson Learned . . . Consider the level at which change is measured. A strategy must be developed that identifies students receiving services and tracks the frequency with which they receive them. This is the only way to accurately measure the effectiveness of a given service.***

Intervention and Outcome Links

Yet another difficulty in conducting evaluation research of programs is making a direct link between an intervention and the impact that intervention has had on those participating in the program. Because both the problems and the interventions designed to address them are complex and multidimensional, it can be difficult to determine whether a particular intervention was responsible for achieving a desired outcome.

For instance, in one site it was suggested that the provision of comprehensive school-based services through the SoF was the major factor in slowing the rate of student attrition at the elementary school. The principal believed that parents were remaining in the neighborhood because social services were being offered through the school.[13] A city official challenged this statement, indicating that improvement in the local economy was responsible for a housing shortage which, in turn, resulted in parents remaining in the neighborhood longer. With occupancy rates up and rent costs increased around the city, families no longer could afford to move easily.[14]

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[12]Focusing on these smaller groups of students in an effectiveness study can create other design problems which require attention. Potential problems to be aware of include, but are not limited to, sample size, missing data, and attrition rates. They can impede the analysis through decreased statistical power. These problems, however, are quite common in social services research.

[13]Information collected through the Key Informant Surveys supported this principal's explanation.

[14]It could also have been argued that rising rents in this community resulted in rent-skipping behavior, family destabilization, and increased student mobility at school.

The reduction in mobility which was observed could more arguably be tied to both the services available through the school and an improving economy, as well as such other factors as the emergence of neighborhood leaders and activists running out drug dealers. It is difficult to sort out what causes any resultant change when so many other variables are part of the equation. In fact, this example demonstrates how data can be used to support contradictory theories. As a result, one must be extremely cautious when identifying the causes of change in a project over time.

RECOGNIZING BENEFITS

Unanticipated Benefits

The School of the Future experience demonstrates that integrating evaluation with service delivery is important for the survival of a project. One reason is that, given the nature of human services funding, it is unlikely that programs that fail to include an evaluation component will receive funding support. Further, the nature of the evaluation component needs to be more than simply recording utilization rates such as tracking the number of people served by a particular service.

The type and timing of evaluation activities can be used to serve the goals of program development and implementation, but they can also have additional advantages. For example, a needs assessment at one site, located in a new neighborhood in which few residents knew one another, became a tool for reaching out to parents, helping them get acquainted, and drawing them into the project. Training and involving parents in the data collection process provided other benefits. By helping with data collection—going from door to door to meet their neighbors and interview them about school and community issues—neighborhood residents learned about the importance of needs assessments and baseline information in approaching local government for services. From this initial participation, a few community members emerged as local leaders, gaining skills in public speaking and advocacy and ultimately establishing a positive relationship with city officials. In large part because of their ability to document their needs in presenting their case, more than $1 million of local funds were directed to the community.

This neighborhood's efforts were cited as a model by city staff when the funding environment tightened, because members knew how to collect data and interpret the results in a practical and meaningful way. One of the lasting benefits of the SoF at this site was that key community members devel-

oped the skills to conduct and analyze surveys which collected input from the community. In this way they became less dependent on outside technical assistance and better able to use their own skills for gathering and assessing information.

> ***Lesson Learned . . . Unanticipated benefits obtained from conducting evaluation can include increased community awareness and participation, improved community empowerment and collaboration, and continued community development.***

Usefulness of Research

Professionals engaged in service provision often find it difficult to devote time, effort, and resources to designing an evaluation plan when there are so many needs to be met. The provision of high-quality services for children and their families can be facilitated by a high-quality evaluation, but it requires a strong effort by service providers from the beginning of the project. It is easier for practitioners to make and keep a commitment to ongoing evaluation if the research design is sensitive to the needs of the population to be served by the project.

The School of the Future was unique in that the Foundation's financial commitment to the evaluation was comparable to the funds it provided for the demonstration grants. This enabled SoF researchers to consider a variety of approaches to evaluation and to benefit from their experiences, in turn enabling them to make practical recommendations to programs that might lack the resources and/or skills to evaluate a project. By sharing evaluation experiences, the SoF sought to improve the quality of evaluation and the usefulness of the results as well as save others from reinventing the wheel each time an evaluation plan is designed.

Service projects are encouraged to include evaluation and technical assistance resources in their proposals to funding sources. It is important to integrate methodological rigor into research design that will enhance the generalizability of results.

> ***Lesson Learned . . . By sharing their results, insights, and experiences, project participants can help other programs as well as add to the knowledge base of evaluation strategies.***

GRAPPLING WITH ISSUES

Once the goals and research questions have been defined, developing a practical and useful evaluation requires discussing and resolving a number of issues in three areas: the methodology to be implemented, the information to be collected, and the expectations for the evaluation. Resolving these issues successfully is the key to obtaining results that can guide the project at the grass-roots level. An exploration of these issues, based on the SoF experience, follows.

Methodology

Process Evaluation. A process evaluation is crucial to the evaluation of any project. A formative evaluation can help identify whether the project is on target and identify problems early so that they can be corrected while the project is in operation. This is particularly important for a new effort. Tracking the progress of a project over time can provide documentation that will help explain how an initiative evolved. This is especially important in community development projects that include empowerment or leadership development as goals. Collecting process information may be the key to identifying leaders at the site as they emerge and gain community support.

This type of information can be collected by using brief reporting forms consistently at all community meetings, planning sessions, etc.[15] These forms can be used to help identify issues and collaborative problem-solving processes that can help later with decisions regarding the achievement of desired outcomes. Consistency in documenting events over time is the key. Paper or an automated system can be used to capture this information.

External Events. In addition to tracking internal processes, insight can be gained by a simple, low-cost method of tracking community or city events that are relevant to the project. Responsibility for the consistent documentation of events should be assigned at the beginning of the project. The SoF project documented school site, school district, neighborhood/community, city, state, and national events each school year. A word-processing table was used to collect data, which amounted to one or two pages per year. Collecting data as it occurs can strengthen the reliability of the information since it reduces the inaccuracies that can occur when relying on recall.

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[15]These types of process evaluation collection forms are currently under development by Human Service Technology Innovations.

Outcome Measures. Tracking alone is not likely to be sufficient for most projects. In the current funding environment there is a strong push for outcome-based evaluation. A smart planner will look for ways to measure the program's impact on the persons targeted for services. Several resources provide practical guides for developing outcome-based evaluation criteria, from tracking inputs and outputs (services provided) to assessing their effects on persons actually receiving services (Schalock, 1995; United Way of America, 1996).

The most fundamental measure is the effectiveness study, which goes beyond counting the number of persons served to assess the ways in which the project affected the persons who actually received services. For example, did a child with a record of tardiness begin coming to school on time? Measures of impact, such as how the children were affected, cost-benefit, and the cost of accomplishing these changes, build on an effectiveness study and are important for seeking additional sources of funds to support a project. (Schalock, 1995).

> ***Lesson Learned . . . Both process evaluation and outcome-based measures of effectiveness are needed if a project is to contribute to the body of knowledge about collaborative community initiatives as well as secure continued financial support.***

Evaluation Measures. Though a formal effectiveness study should focus on those receiving the services, some measures of effectiveness can have multiple uses. For instance, the SoF survey of student perception of school climate was of considerable interest to administrators and teachers, identifying areas of positive and negative feedback and assisting them in understanding the concerns of students in their school. This survey also helped target emerging issues early. Similarly, yearly assessment of teacher perceptions could help identify and address morale issues, while periodic surveys of parents and students could help document the perception of needs and guide decisions regarding program initiatives.

> ***Lesson Learned . . . Resources can be leveraged by selecting measures which serve multiple purposes.***

Impact of Services. Data tracking systems and evaluation instruments should include sources of information on the school and local community. There is a need for balance between the targeted study of effectiveness and other indicators of impact. Information on these issues that can serve as indicators may be readily available. Examples are changes in attendance patterns, school-level student achievement measures, changes in disciplinary actions, and

changes in juvenile crime statistics for the community. Local news articles also may provide information pertinent to the target community.

Collecting Baseline Data. It is impossible to know if change occurred, or whether change has any link to the interventions provided, without collecting data at the beginning of the project. Data should include practical information such as role status, type, and frequency of interventions received by individuals and the costs of the various services provided. When this kind of information can be gathered accurately on individuals, the study is strengthened. For the SoF, a simple tool for collecting parent participation information over time was a school's sign-in book that was maintained for building-security purposes. By adding several columns to indicate the purpose of the visit and the role of the visitor, parent participation data could be collected throughout the school year.

> ***Lesson Learned . . . Resources can be utilized more efficiently by using readily available data sources such as news articles, published statistics, and school tracking forms.***

Survey Instruments. One way to begin an evaluation is to review validated instruments that address topics pertinent to the questions posed in the study. It is possible to avoid the fees associated with copyrighted instruments by using surveys available through the public domain. An alternative to paying for survey instruments is to develop your own. This can be time-consuming and will only offer face validity, which means that the results of the analyses can be generalized only to a population that is very similar to the one surveyed in your study. Depending on the purpose of the evaluation, this may be an acceptable limitation.

> ***Lesson Learned . . . Select data collection instruments based on the project's purpose and resource availability. Use public domain instruments or develop your own to meet budget constraints.***

Comparison Groups. Because evaluation usually involves some comparison criteria, there is often a need to compare persons in a particular group with persons from a demographically similar group. The only difference between the two groups should be that one receives a service and the other does not. The important goal is to reduce all known sources of bias in the sample before evaluating whether a service is effective.

One way to obtain a representative sample would be to select the entire population—for example, all students in the school—for a study. If a high return

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rate on the surveys can be assured, this could be a practical option. An alternative is to select participants randomly, then assign half the participants to a group which receives the treatment and half to a group that does not. This is not recommended for social programs, however, since the research team should not deny services to those who need them just to ensure a clean research design for the evaluation. Moreover, it is highly unlikely the purity of such experimental and control groups could be sustained in any practical setting even if they were judged to be ethically acceptable.

Another alternative is to use a waiting list of persons seeking access to a particular program. Persons receiving services (experimental group) can be compared to persons in the waiting list group (control or comparison group). Still another practical option available in a school setting is to develop cohorts of students matching a predetermined profile who receive a service to demographically-similar students who do not receive that service.[16]

It is important to be consider what variables distinguish members of one group from members of the other, as any differences beyond the intended intervention may become a source of bias in the analyses. For instance, are students receiving treatment in one group because they got their permission slips in on time? Does this make them significantly different from the comparison group of students who failed to turn them in? These issues must be resolved before beginning the data collection process.

When using a comparison group is not possible (for instance, when the number of participants is too small or when developing a comparison group would mean denying services believed to be beneficial to a group), an alternative method is to study the same individuals over several points in time. This approach, called single subject methodology, uses the individual subject as its own comparison (Rubin and Babbie, 1989). The approach requires taking repeated measures of performance prior to any intervention (baseline period), and again as the intervention is introduced and periodically withdrawn. If the performance varies accordingly as the intervention is introduced and withdrawn, an argument can be made that the intervention is most likely influ-

[16]This method was implemented in the evaluation of the School of the Future but was discontinued because it was not productive. There were too many uncontrolled, outside influences in the comparison schools, such as the availability of alternative services similar to those received in the experimental schools. Such confounding of the key services being evaluated renders any conclusions involving the comparison schools questionable.

encing the behavior. Validity is enhanced as the process is repeated with other individuals experiencing similar outcomes. This methodology can be particularly useful with specific types of mental health interventions (e.g., particular counseling approaches). It does, however, raise some methodological issues, particularly regarding generalizability of results.[17]

Parental Consent. The provision of comprehensive social services goes beyond the mission of education as it is understood by many people, and schools involved in comprehensive service provision may have had little experience in human service research and evaluation. The evaluation of such programs requires allowing parents to determine whether they want their children to have access to services and whether they will permit their children to be included in the service evaluation. It could be viewed as a good sign for the project when some parents refuse to have their children participate as it indicates that the informed consent process is working, parents are becoming empowered, and they are participating in their children's education.

Incentives. Incentives may seem like a luxury to include in an evaluation budget, but they are virtually a necessity when attempting to survey children, their parents, and their teachers. Incentives are effective in encouraging children and families to return materials, especially signed consent forms. This was jokingly referred to in the SoF project as the "Snickers Effect," since the use of Snickers candy bars was so successful in getting students to return consent materials. In the SoF, consent materials were designed so that children received the incentive whether the parent accepted or declined the opportunity, as long as the form was returned.

Similarly, in conducting surveys with middle-school students, teachers may experience difficulty managing the behavior of students who finish early or do not participate in the survey. To handle this situation, teachers in the SoF study initiated the idea of a coupon system, with one coupon redeemable at lunch for each student who met the behavior standards set by the teacher. The coupon could then be used whether or not students actually participated in the survey. These considerations might seem trivial, but the teachers considered them both necessary and effective. The willingness to be flexible and creative helps gain the trust of teachers and insures their support despite disruptions to the normal classroom schedule.

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[17]There is extensive literature on this approach, in particular Rubin and Babbie (1989, p. 266-307) address this methodology in one chapter of their book.

Money should be set aside in the evaluation budget for another incentive: paying key informants for their participation in the collection of appropriate data. Elementary school teachers participating in the SoF evaluation were paid $5 for each survey completed on their students. Surveys, which took about twenty minutes to complete, were filled out by teachers on their own time. At the middle school, students completed self-report survey instruments under teacher supervision during a single class period (about 50 minutes) once a year for four years. A stipend of $25 was awarded to each classroom for its participation. The money was given to the school but earmarked for use in the classroom, with the teachers and students deciding how they would use it. Comments indicated that the teachers appreciated not only the money but also the recognition that their time was valuable to the school and the project.

The SoF family survey also included an incentive: a $15 gift certificate to a local grocery store for each participant. Incentives can consume a considerable portion of an evaluation budget, but they can be vitally important in the successful collection of evaluation data.

> ***Lesson Learned . . . The use of incentives for participation can consume significant program resources but also convey a level of respect to participants and facilitate the gathering of evaluation data.***

Information Collection

School-Site Data. Data collected and stored at the school site are likely to be of better quality than data collected by the school district. It calls for organizing some internal data collection processes, preferably easy-to-use systems that will not overload staff with additional paperwork. For example, school staff can record all the reasons students are sent to the office rather than just the major disciplinary actions required by the district, or identify the reasons people visit the school, not just who visits. Much can be accomplished by converting informal record-keeping to more formal tracking systems.

The most efficient systems for tracking and evaluation purposes are computer-based. Though some reasonably affordable and easy-to-use systems are now available, particularly for school-based health care, it is likely that more financial resources will be needed for further development. In lieu of a computerized system, paper forms which can be converted readily to a spreadsheet for analysis may be an economic alternative.

Precursor Measures of Academic Success. The use of standardized test scores may not, in the short run, yield productive results regarding program

impact. In the earliest stages of the evaluation, precursor variables that affect long-term measures such as test scores should be the focus. Examples of precursor variables are school attendance and disciplinary reports. Minor disciplinary actions such as office referrals, which occur with frequency during the school year, might be better indicators than major disciplinary actions, such as suspensions and expulsions, which do not occur often enough to show change over time. When they are tracked for all students at the individual level, it is possible to determine if students actually receiving services are experiencing an increase or decrease in such incidents. Of course, a baseline measure must be established for the student before any change can be analyzed.

> ***Lesson Learned . . . The most useful data for the SoF project were obtained from individual student tracking at the school, using student identification numbers to link data. The district-generated identification numbers also helped protect the confidentiality of the students participating in the study.***

Data Sharing. High quality evaluation of comprehensive service programs relies on the ability to share data across different bureaucracies—health, social services, and education—as well as different computer systems. This requires the use of unique identifiers which enable one to evaluate student achievement and physical and mental health measures while protecting individual student privacy. This is a challenging issue. In the SoF experience, the most reliable identifier was the school district's student ID numbers, which proved preferable to the use of social security or service agency client ID numbers.

A coding table can be used to correlate student ID numbers with other agencies' client ID numbers to further protect confidentiality, at the same time allowing agencies to maintain their own systems of client identification. This table can also be a means of tracking individuals served by multiple organizations across many variables pertinent to the comprehensive services effort. Further, it can reduce redundancies in data collection. The primary barriers to consider are concerns about confidentiality, turfism, and lack of technical expertise. Resources are currently being developed to assist service providers in addressing these issues (Halfours, et al, 1996).

Consultants. Although it involves an additional expense to the project, hiring a consultant on a limited basis may be worthwhile to facilitate the data collection process and assure that information is gathered in a consistent manner and recorded accurately and promptly. To insure that the data are being entered accurately, a monitoring process may be needed until staff get used to the routine. If the routine is unobtrusive and beneficial to the school,

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teachers, and parents, there will be better compliance.

Feedback to the Sites. Students, teachers, parents, and community members are more willing to continue participating in research efforts when information is shared with them. Representatives at the SoF demonstration sites told interviewers that they were interested in learning more about their communities as well as hearing information that could be used to help their projects. Presentation of information must be tailored to the targeted audience. Providing feedback gave the SoF a measure of accountability to the participants and helped build trust for the project in the community.

Feedback also can help explain why some expectations are not met. Comprehensive service programs have been placed under exceptional pressure to demonstrate improvements in student achievement, for example, but this type of change takes time. It is important for everyone involved to understand the complexity of the environment in which children live and learn and to recognize that changes in variables such as student achievement and mental health can take many years (Comer, 1980).

It is the responsibility of the research staff to inform and educate parents, teachers, administrators, funding sources, policy makers, and legislators about the timelines involved in creating large- or small-scale change.

> ***Lesson Learned . . . One major use of evaluation data is to validate a program's value when seeking funds for program continuation and/or expansion; another is to provide feedback to program directors and participants to help them improve services as well as encourage them to maintain their efforts. Although project evaluations are costly in terms of time, effort, and funds, their potential value should not be underestimated.***

TABLES AND APPENDICES

TABLE 1

Demographic Profile of Students Attending the Elementary School Sites: 1990-91

		Austin		Dallas **		Houston **		San Antonio	
		N	%	N	%	N	%	N	%
Gender	Male	501	51.5%	275	51.8%	361	49.7%	424	51.0%
	Female	471	48.5%	256	48.2%	365	50.3%	408	49.0%
	TOTAL	972	100.0%	531	100.0%	726	100.0%	832	100.0%
Ethnicity	Hispanic	474	48.8%	54	10.2%	601	82.8%	815	98.0%
	African-American	275	28.3%	470	88.5%	104	14.3%	4	0.5%
	Anglo	211	21.7%	4	0.8%	20	2.8%	11	1.3%
	Other	12	1.2%	3	0.6%	1	0.1%	2	0.2%
	TOTAL	972	100.0%	531	100.0%	726	100.0%	832	100.0%
Grade *	PK & K	229	23.6%	86	16.2%	162	22.3%	193	23.2%
	1	129	13.3%	84	15.8%	134	18.5%	150	18.0%
	2	155	15.9%	81	15.3%	108	14.9%	142	17.1%
	3	153	15.7%	73	13.7%	112	15.4%	126	15.1%
	4	144	14.8%	66	12.4%	104	14.3%	109	13.1%
	5	162	16.7%	75	14.1%	106	14.6%	112	13.5%
	6	0	0.0%	66	12.5%	0	0.0%	0	0.0%
	TOTAL	972	100.0%	531	100.0%	726	100.0%	832	100.0%
Reduced/Free Lunch		676	69.5%	439	82.7%	681	93.8%	823	98.9%

* - In Dallas, one elementary school contains grades K - 3 and the other grades 4 - 6.

** - Two elementary school sites are included in the calculations for these SoF sites.

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TABLE 2

Demographic Profile of Students Attending the SoF Middle Schools: 1990-91

		Austin		Dallas		Houston		San Antonio	
		N	%	N	%	N	%	N	%
Gender	Male	588	51.4%	462	51.5%	534	50.1%	461	48.0%
	Female	556	48.6%	435	48.5%	531	49.9%	500	52.0%
	TOTAL	1144	100.0%	897	100.0%	1065	100.0%	961	100.0%
Ethnicity	Hispanic	523	45.7%	310	34.6%	947	88.9%	865	90.0%
	African-American	281	24.6%	567	63.2%	75	7.0%	40	4.2%
	Anglo	325	28.4%	14	1.6%	42	3.9%	44	4.6%
	Other	15	1.3%	6	0.7%	1	0.1%	12	1.2%
	TOTAL	1144	100.0%	897	100.0%	1065	100.0%	961	100.0%
Grade *	6	452	39.5%	0	0.0%	372	34.9%	387	40.3%
	7	358	31.3%	450	50.2%	403	37.8%	299	31.1%
	8	334	29.2%	447	49.8%	290	27.2%	275	28.6%
	TOTAL	1144	100.0%	897	100.0%	1065	100.0%	961	100.0%
Red./Free Lunch		575	50.3%	609	67.9%	777	73.0%	802	83.5%

* - Dallas middle school includes grades 7 - 8 only while middle schools in other cities include grades 6 through 8.

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Appendix A

SCHOOL OF TOMORROW CONCEPT PAPER

(as presented in 1990 to community leaders in the four cities)

When the Hogg Foundation was established some 50 years ago, its charge was to develop "a broad mental health program for bringing great benefits to the people of Texas." Based on a recognition of schools' access to children and an awareness of the potential of schools to help children and their families, the Foundation has undertaken a major new demonstration project, the School of Tomorrow.

School of Tomorrow Concept

For many youngsters in Texas the task of growing up is overwhelming. Children from single-parent families living in impoverished neighborhoods must deal on a daily basis with the problems that many people know of about only through reading. Substance abuse, physical and sexual abuse, emotional abuse, dropping out of school, and teen pregnancy are just a few of the potential hurdles facing Texas youngsters.

The School of Tomorrow is an innovative approach to helping solve many of the problems facing Texas children. It grew out of the work of Dr. James Comer of the Yale University School of Medicine and Dr. Edward Zigler of Yale's Bush Child Development Center, both of whom envision an expanded role for schools in meeting the needs of children.

The concept of the School of Tomorrow is to provide an integrated array of health and human services, both treatment and prevention, using the school as the locus for their delivery. Essential features of the School of Tomorrow include:

- The integration of a broad spectrum of health and human services in public schools.
- Involvement of parents and teachers in the program activities.
- Involvement of many organizations, both public and private, as partners.
- A strong commitment to the project by superintendents, principals, and other school administrators.
- A willingness to participate in the evaluation of the project.

Hogg Foundation's Role

The Hogg Foundation for Mental Health is committed to demonstrating the effectiveness of the School of Tomorrow concept by funding demonstration programs in four sites—Austin, Dallas, Houston and San Antonio. In spring 1990 test sites received initial grants from the Foundation of $50,000 per year for five years—a total of one million dollars. The Foundation has set aside an equal amount to provide each site with technical assistance and evaluation support. For more information on the project, please call the Hogg Foundation.

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APPENDIX B

PARENT CONSENT FORM

(Active Consent Version)

School of the Future Project

Your child is invited to participate in a study that will focus on the mental and physical health of students in the _____ Middle School. The Hogg Foundation for Mental Health has embarked on a project called the School of the Future in this school and others. We would greatly appreciate your child's participation in this survey.

The Hogg Foundation has funded _____ Elementary School and the related _____ Middle School for at least a five year period to explore how schools can be improved, thereby enriching the lives of children in this community. To accomplish this, local human service agencies, public school systems, and teachers and parents are working together to improve your child's education and health.

We hope to document the results of this project by collecting information on the students in these schools. The information your child shares with us will help school staff to understand the needs of their students better and should contribute to the development of programs offered by the project. It is also important to get a picture of the students and their needs, in order to assess any change that occurs over the history of the project.

All 6th, 7th, and 8th graders enrolled in the School of the Future sites will be asked to complete surveys during the Fall of this school year. The interview should take approximately 50 minutes (or one class period) to complete and explores issues such as self-esteem, mental and physical well-being and their views on the school environment. Your child will be asked to participate in this survey at the school only once a year.

After the surveys have been completed and collected, our evaluation staff will analyze the responses and develop a summary of the students at these schools. Results of the study will be made available to school personnel and parents in these school sites.

A copy of the survey to be administered to your child is available for you to look over at the school library. If you have any questions about the survey or the School of the Future Project, please feel free to contact Project Coordinator's name at (xxx) xxx-xxxx or HF Research Associate's name at (xxx) xxx-xxxx.

Dear Parent,

It is important for you to know that any information obtained in connection with this study which can be identified with your child will remain confidential and will be disclosed only with your permission. Your decision whether or not to allow your child's participation in this survey will not prejudice your future relations with the University of Texas, the Hogg Foundation for Mental Health, or the _____ Independent School District. Your child is under no obligation to participate in this study. If you do decide to allow your child to participate, he/she may withdraw at any time during the survey.

You are making a decision whether or not to allow your child to participate in the School of the Future student self-report survey. Your signature indicates that you have read the information provided on the attached sheet and have decided to ALLOW your child's participation.

If you would like to have your child participate in the survey, please have your child return this form with your signature to his/her teacher. This will be taken as evidence of your willingness to allow your child's participation in the survey and your consent to have information used for purposes of the study. A copy of this consent form will be made available to you at any time in the future.

_____ _____

Signature of Parent or Legal Guardian Date

_____ _____

Signature of Investigator Date

PARENT CONSENT FORM
(Passive Consent Version)

School of the Future Project

Your child is invited to participate in a study that will focus on the mental and physical health of students in the _____ Middle School. The Hogg Foundation for Mental Health has embarked on a project called the School of the Future in this school and others. We would greatly appreciate your child's participation in this survey.

The Hogg Foundation has funded _____ Elementary School and the related _____ Middle School for at least a five year period to explore how schools can be improved, thereby enriching the lives of children in this community. To accomplish this, local human service agencies, public school systems, and teachers and parents are working together to improve your child's education and health.

We hope to document the results of this project by collecting information on the students in these schools. The information your child shares with us will help school staff to understand the needs of their students better and should contribute to the development of programs offered by the project. It is also important to get a picture of the students and their needs, in order to assess any change that occurs over the history of the project.

All 6th, 7th, and 8th graders enrolled in the School of the Future sites will be asked to complete surveys during the Fall of this school year. The interview should take approximately 50 minutes (or one class period) to complete and explores issues such as self-esteem, mental and physical well-being and their views on the school environment. Your child will be asked to participate in this survey at the school only once a year.

After the surveys have been completed and collected, our evaluation staff will analyze the responses and develop a summary of the students at these schools. Results of the study will be made available to school personnel and parents in these school sites.

A copy of the survey to be administered to your child is available for you to look over at the school library. If you have any questions about the survey or the School of the Future Project, please feel free to contact Project Coordinator's name at (xxx) xxx-xxxx or HF Research Associate's name at (xxx) xxx-xxxx.

Dear Parent,

It is important for you to know that any information obtained in connection with this study which can be identified with your child will remain confidential and will be disclosed only with your permission. Your decision whether or not to allow your child's participation in this survey will not prejudice your future relations with the University of Texas, the Hogg Foundation for Mental Health, or the _____ Independent School District. Your child is under no obligation to participate in this study. If you do decide to allow your child to participate, he/she may withdraw at any time during the survey.

You are making a decision whether or not to allow your child to participate in the School of the Future student self-report survey. The return of this form with your signature indicates that you have read the information provided on the attached sheet and have decided to NOT ALLOW your child's participation.

If you would like to have your child participate in the survey, you need not return this form. This will be taken as evidence of your willingness to allow your child's participation in the survey and your consent to have information used for purposes of the study. A copy of this signed consent form will be made available to you at any time in the future.

_____ _____

Signature of Parent or Legal Guardian Date

_____ _____

Signature of Investigator Date

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Appendix C

CHILD ASSENT FORM

School of the Future Project

I agree to participate in a survey that is studying how children feel about their own physical and emotional well-being. As far as I know, my parents are aware of this study and they do not object to my taking part. I realize that I may refuse to participate and nothing bad will happen to me.

When I sign my name to this page, I am indicating that this page was read to me and that I am agreeing to participate in this survey. My signature on this page shows that I understand what will be asked of me and that I may stop at any time.

_____ _____

Signature of Student Date

_____ _____

Printed Signature of Student School

_____ _____

Signature of Investigator Date

Appendix O

TEACHER CONSENT FORM

IF YOU WISH TO PARTICIPATE, RETURN THIS PAGE BY MARCH 11, 199_

It is important for you to know that any information obtained in connection with this study which can be identified with you or any of your students will remain confidential. Your decision whether or not to participate in this survey will not prejudice your future relations with The University of Texas, the Hogg Foundation for Mental Health, or the _____ Independent School District.

You are under no obligation to participate in this study. If you do decide to participate, you may withdraw at any time. (However, you will only be compensated financially for the students in your class that have been assessed using the surveys provided.)

You are making a decision whether or not to participate in the Teacher Report Form surveys. Your signature indicates that you have read the information provided on the attached sheet and have decided to participate.

If you would like to participate in the survey, please provide the information requested below, sign the form and return it to the school office. A copy of this consent form will be made available to you at any time in the future.

_____ _____

Signature of Teacher | Date

_____ _____

Teacher Name (Printed) | Social Security #

_____ _____ _____ _____

Gender | Ethnicity | Highest Degree Attained | Years Teaching Experience

_____ _____ _____

Name of School | Classroom Grade | # of Students in Class

_____ _____

Home Street Address | City, State, Zip Code

_____ _____

Signature of Investigator | Date

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ADDITIONAL SCHOOL OF THE FUTURE PUBLICATIONS:

The Project Coordinators: A Key to the School of the Future
Beyond the Classroom: Experiences of a School-Based Services Project
A Community Catalyst—Austin
A Blueprint for School-Based Services—Dallas
The Health Clinic—Houston
Parent Volunteer Program—San Antonio

Copies of the booklets listed are available from:

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List of Hogg Foundation publications
regarding
The School of the Future

Holtzman, W.H., ed. 1992. School of the Future. (with APA)

Iscoe, L. 1995. Parent Volunteer Program: San Antonio.

Iscoe, L. 1995. A Community Catalyst: Austin.

Iscoe, L. 1995. The Health Clinic: Houston.

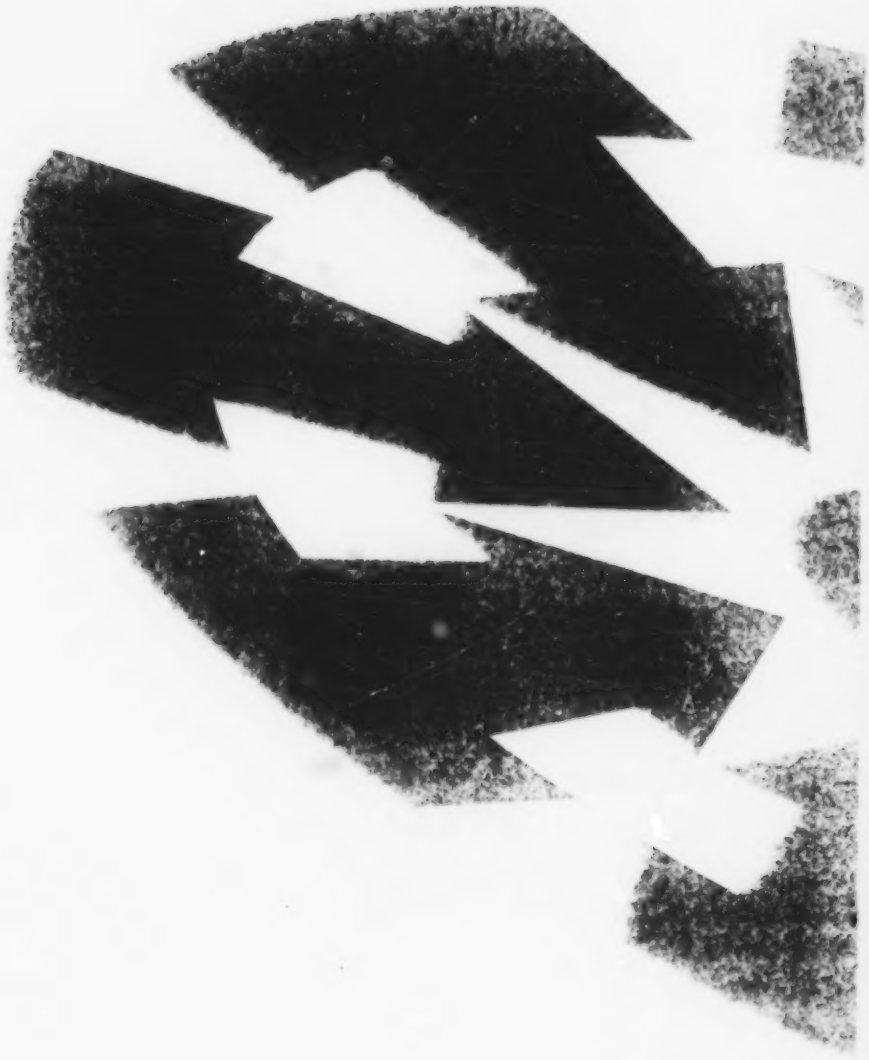
Iscoe, L. 1995. A Blueprint for School-based Services: Dallas.

Iscoe, L. 1995. The Project Coordinator.

Iscoe, L. 1996. Beyond the Classroom: Experiences of a School-Based Service Project.

Keir, S.S., and Millea, S. 1997. Challenges and Realities: Evaluating a School-Based Service Project.

Keir, S.S., and Iscoe, L. 1997. Revisiting the School of the Future.



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